

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only
30136

Registration District No. 20-A Registered No. 282
(For use of Local Registrar)

(No. 201 Griffin St.; 2 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

James Carroll Muldron (If child is not yet named, make name as directed)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

Sept 19 22

(8) FATHER

(9) MOTHER

(10) FULL NAME

James Carroll Muldron

(11) PRESENT POST OFFICE OF FATHER

Force

(12) COLOR OR RACE

Wh

(13) AGE AT LAST BIRTHDAY

30

(14) BIRTHPLACE

Force, A

(15) OCCUPATION

Smithman

(16) Number of children born to mother, including present birth

3

(17) NAME BEFORE MARRIAGE

Missouri Knidham

(18) PRESENT POST OFFICE OF MOTHER

Force

(19) COLOR OR RACE

Wh

(20) AGE AT LAST BIRTHDAY

26

(21) BIRTHPLACE

Force, A

(22) OCCUPATION

House wife

(23) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was on the date above stated.

(25) (Signature)

(26) State whether Physician or Midwife

Given name added from a supplemental report

(27) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(28) Filed 9-25-22

(29) P. H. Bughan

(30) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.